

## Orthopaedic (Elbow and Forearm) Referral Guidelines

Austin Health Orthopaedic Clinic holds weekly multidisciplinary meetings to discuss and plan the treatment of patients with Orthopaedic and Fracture conditions.

### Department of Health clinical urgency categories for specialist clinics

**Urgent:** A referral is urgent if the patient has a condition that has major functional impairment and/or moderate risk of permanent damage to an organ/bone/tissue/system if not seen within 30 days. For urgent referrals please contact Orthopaedic Registrar to discuss – most urgent patients will be seen within 2 weeks. For emergency cases please send the patient to the Emergency department.

**Semi Urgent:** Referrals should be categories as Semi Urgent that has the potential to deteriorate within 30-90 days.

**Routine:** Referral will be triaged by the Orthopaedic Liaison Nurse and Director of Orthopaedic Surgery. Appointments will be booked accordingly.

**Exclusions:**

Condition / Symptom	GP Management:	Minimum Required Referral Information	Expected Triage Outcome	Expected number of Specialist Appointments
<b>Elbow Osteoarthritis</b>	<ul style="list-style-type: none"> <li>Medications (paracetamol, glucosamine, chondroitin sulphate, fish oil, NSAIDS if appropriate)</li> <li>Physiotherapy</li> <li>Injections</li> <li>Orthotics (esp. Elbow braces)</li> </ul>	<p><b>History</b> -Symptoms, severity -Treatment and responses to date</p> <p><b>Examination Findings</b></p> <p><b>Investigation</b> (report with referral) <b>-X-rays</b> AP &amp; lateral Elbow +/- radial head views</p> <p><b>Instruct patient to bring films to the Specialist Clinic appointment</b></p>	<p><b>Urgent: N/A</b></p> <p><b>Routine:</b> Refer if maximal non-operative treatment (at least 3 modalities for at least 3 months) has failed</p>	As required
<b>Elbow Rheumatoid Arthritis</b>	<ul style="list-style-type: none"> <li>Patient referred to a Rheumatologist as appropriate</li> </ul>	<p><b>History</b></p> <p><b>Examination Findings</b></p> <p><b>Investigation</b> (report with referral) <b>-X-rays</b> AP &amp; lateral Elbow +/- radial head views</p> <p><b>Instruct patient to bring films to the Specialist Clinic appointment</b></p>	<p><b>Urgent: N/A</b></p> <p><b>Routine:</b> Refer if patient referred to rheumatologist and non-operative measures have failed</p>	As required

Condition / Symptom	GP Management:	Minimum Required Referral Information	Expected Triage Outcome	Expected number of Specialist Appointments
<b>Distal Biceps Rupture</b>	<ul style="list-style-type: none"> <li>Urgent referral to clinic</li> </ul>	<p><b>History</b></p> <p><b>Examination Findings</b>            -Proximal Biceps migration/position            -weak supination</p> <p><b>Investigation</b> (report with referral)  <b>-Ultrasound</b>            Shows DISTAL rupture</p> <p><b>Instruct patient to bring films to the Specialist Clinic appointment</b></p>	<p><b>Urgent: Patients will be directed to the ASTI (Acute Soft Tissue Injury) Clinic and seen within a week</b></p> <p><b>Routine: N/A</b></p>	As required
<b>Proximal (long Head) Biceps Rupture</b>	<ul style="list-style-type: none"> <li>Manage as with Chronic Rotator Cuff/ Subacromial Impingement</li> </ul>	<p><b><u>Note these are usually degenerative and surgery is very rarely required</u></b></p> <p><b>History</b>            Usually other shoulder symptoms</p> <p><b>Examination Findings</b>            -'Popeye' deformity Biceps (more distal and ball-like)</p> <p><b>Investigation</b> (report with referral)  <b>-XR and Ultrasound</b>            as with Rotator Cuff/ Impingement  <b>-Ultrasound</b>            Shows rupture LONG HEAD only</p> <p><b>Instruct patient to bring films to the Specialist Clinic appointment</b></p>	<p><b>Urgent: N/A</b></p> <p><b>Routine: as with Chronic Rotator Cuff/ Subacromial Impingement</b></p>	As required

Condition / Symptom	GP Management:	Minimum Required Referral Information	Expected Triage Outcome	Expected number of Specialist Appointments
<b>Ulnar Nerve Compression</b>	<ul style="list-style-type: none"> <li>• Medications (paracetamol, NSAIDS if appropriate)</li> <li>• Physiotherapy</li> <li>• Avoid Triggering events</li> <li>• Orthotics (esp. Night Splints)</li> </ul>	<p><b>History</b></p> <p><b>Examination Findings</b></p> <p><b>Investigation</b> (report with referral)  <b>-XR</b>            AP and Lateral Elbow  <b>-Nerve Conduction Study/ EMG</b></p> <p><b>Instruct patient to bring films to the Specialist Clinic appointment</b></p>	<p><b>Urgent:</b> N/A</p> <p><b>Routine:</b>            Refer if patient has <i>wasting</i>,  <i>or</i>            patient has no wasting but <i>significant symptoms</i> and <i>failed</i> maximal non-operative treatment</p>	<b>As required</b>
<b>Stiff or Locking Elbow</b>	<ul style="list-style-type: none"> <li>• Medications (paracetamol, NSAIDS if appropriate)</li> <li>• Physiotherapy</li> <li>• Avoid Triggering events</li> <li>• Corticosteroid Injection (with great care)</li> </ul>	<p><b>History</b></p> <p><b>Examination Findings</b></p> <p><b>Investigation</b> (report with referral)  <b>-XR</b>            AP and Lateral Elbow</p> <p><b>Instruct patient to bring films to the Specialist Clinic appointment</b></p>	<p><b>Urgent: N/A</b></p> <p><b>Routine:</b>            Refer if maximal non-operative treatment (at least 2 modalities for at least 3 months) has failed  <i>or</i>            Clear loose body on XR</p>	<b>As required</b>
<b>Epicondylitis</b> <b>-Lateral (Tennis Elbow)</b> <b>-Medial (Golfer's Elbow)</b>	<ul style="list-style-type: none"> <li>• Medications (paracetamol, NSAIDS if appropriate)</li> <li>• Topical creams/NSAIDs</li> <li>• Physiotherapy</li> <li>• Avoid Triggering events</li> <li>• Activity Modification</li> <li>• Corticosteroid Injection (with great care)</li> <li>• Consider Platelet Rich Plasma (PRP) Injection</li> </ul>	<p><b><u>Note Epicondylitis rarely requires surgery</u></b></p> <p><b>History</b></p> <p><b>Examination Findings</b></p> <p><b>Investigation</b> (report with referral)  <b>-XR – AP and Lateral Elbow and Ultrasound</b></p> <p><b>Instruct patient to bring films to the Specialist Clinic appointment</b></p>	<p><b>Urgent: N/A</b></p> <p><b>Routine:</b>            Refer if maximal non-operative treatment (at least 2 modalities for at least 3 months) has failed</p>	<b>As required</b>

Condition / Symptom	GP Management:	Investigations	Appointment information	Expected number of Specialist Appointments
<b>Undifferentiated Elbow/ Forearm Pain/ Other</b>	<ul style="list-style-type: none"> <li>Consider other diagnoses in these guidelines</li> <li>Consider referred pain</li> <li>If you suspect malignancy or infection please see appropriate specific condition management</li> </ul>	<p><b>History</b> -Exclude Red Flag Symptoms</p> <p><b>Examination Findings</b> -Exclude Red Flag Signs</p> <p><b>Investigation</b> (report with referral) <b>-X-rays</b>-AP and Lateral Elbow (+/- forearm)</p> <p><b>Instruct patient to bring films to the Specialist Clinic appointment.</b></p>	<p><b>Urgent: If suspected malignancy or infection</b></p> <p><b>Routine:</b> If you are <i>unable to establish a diagnosis</i> and the patient has <i>significant symptoms</i></p>	<b>As required</b>
<b>Suspected Malignancy</b>	<ul style="list-style-type: none"> <li>Urgently refer all patients with red flag symptoms, signs or investigations suspicious for malignancy</li> </ul>	<p><b>History</b> -Red Flag Symptoms (Loss of weight, appetite or energy; relatively short history (6 weeks rather than 6 months); Pain that is unrelenting/unremitting/at night; past or present history of malignancy elsewhere)</p> <p><b>Examination Findings</b> -Red Flag Signs</p> <p><b>Investigation</b> (report with referral) Suspicious Imaging or Blood Tests</p> <p><b>Instruct patient to bring films to the Specialist Clinic appointment.</b></p>	<p><b>Urgent: All</b></p> <p><b>Routine: N/A</b></p>	<b>As required</b>

Condition / Symptom	GP Management:	Investigations	Appointment information	Expected number of Specialist Appointments
<b>Suspected Infection</b>	<ul style="list-style-type: none"> <li>Refer to ED immediately all patients with suspected <i>septic arthritis</i>. (history of hours, swollen joint, very limited ROM). Do NOT start antibiotics unless discussed with orthopaedic unit</li> <li>Refer to ED immediately all patients with fever/chills/rigors/sweats, or otherwise unwell</li> <li>Urgently refer other patients to clinic with red flag symptoms, signs or investigations suspicious for infection</li> </ul>	<p><b>History</b>            -Red Flag Symptoms (Fevers/sweats/chills/rigors; Loss of weight, appetite or energy; relatively short history (6 weeks rather than 6 months); Pain that is unrelenting/unremitting/at night; past or present history of infection elsewhere)</p> <p><b>Examination Findings</b>            -Red Flag Signs</p> <p><b>Investigation</b> (report with referral)            Suspicious Imaging or Blood Tests (FBE, CRP, ESR)</p> <p><b>Instruct patient to bring films to the Specialist Clinic appointment.</b></p>	<p><b>ED- if septic joint or unwell</b></p> <p><b>Urgent: All others</b></p> <p><b>Routine: N/A</b></p>	<p><b>As required</b></p>